

RECEIVED
CENTRAL FAX CENTER

MAR - 1 2007

BEST AVAILABLE COPY

Nixon Peabody LLP
Attorneys at Law

100 Summer Street
Boston, MA 02110-2131
(617) 345-1000

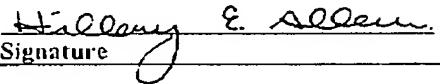
Fax: (617) 345-1300

PRIVILEGE AND CONFIDENTIALITY NOTICE
The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (617) 345-1000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

FAX

| To: | Company | Fax #: | Telephone #: |
|--------|---|----------------|--------------|
| US PTO | United States Patent and Trademark Office | 1-571-273-8300 | |

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

| | | | |
|--|--|---|---------------|
| From: David S. Resnick | Date: March 1, 2007 | No. of Pages: 5 (including this page) | 740789-056330 |
| Atty. Docket No. 740789-056330 | | PATENT | |
| IN THE UNITED STATES PATENT AND TRADEMARK OFFICE | | | |
| In re application of: Application No.: Filed: For: | Caldwell, et al. 10/521,232 08/08/2005 FLAVONOIDS COMPOUNDS AS THERAPEUTIC ANTIOXIDANTS | Confirmation No.: 8751 Group No.: 5700 Examiner: To be assigned | |
| CERTIFICATE OF MAILING/FACSIMILE | | | |
| I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below: | | | |
| 1. Fax Cover Sheet (1 pg.); 2. Certificate of Facsimile Transmission (1 pg.); 3. Transmittal Form (1 pg.); and 4. Status Inquiry (2 pp.). | | | |
| Hillary E. Allan  Signature | | | |
| March 1, 2007 | | | |

Original of the transmitted document will be sent by:

First Class Mail

Overnight Mail

Hand Delivery

This transmission will be the only form of delivery of this document.

IF YOU DO NOT RECEIVE ALL OF THESE PAGES, PLEASE CONTACT THE FAX OPERATOR AS SOON AS POSSIBLE AT: (617) 345-1300. THANK YOU.

CONFIRMATION: DATE SENT _____ TIME _____ BY _____

| | | | |
|-----------------|--|-------------------------------------|---|
| INTEROFFICE TO: | <input type="checkbox"/> Albany | <input type="checkbox"/> Boston | <input type="checkbox"/> Buffalo |
| | <input type="checkbox"/> New York City | <input type="checkbox"/> Providence | <input type="checkbox"/> Rochester |
| | | | <input type="checkbox"/> Garden City |
| | | | <input type="checkbox"/> Washington (N) |
| | | | <input type="checkbox"/> Hartford |
| | | | <input type="checkbox"/> Washington (P) |
| | | | <input type="checkbox"/> Manchester |

10327377.1

BEST AVAILABLE COPY

Mar 01 07 11:09a

NIXON PEABODY

18667410075

p.2

RECEIVED
CENTRAL FAX CENTER

MAR - 1 2007

Practitioner's Docket No. 740789-056330

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Caldwell, et al. Confirmation No.: 8751
Application No.: 10/521,232 Group No.: 3700
Filed: August 8, 2005 Examiner: To be assigned.
For: FLAVONOIDS COMPOUNDS AS THERAPEUTIC ANTIOXIDANTS

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8)

I hereby certify that this correspondence:

1. Facsimile Cover Sheet (1 pg.);
2. Certificate of Mailing/Transmission (1 pg.);
3. Transmittal Form (1 pg.); and
4. Status Inquiry (2 pp.).

is on the date shown below being:

MAILING

deposited with the United States Postal Service
sufficient postage as first class mail in an
envelope addressed to the Commissioner
for Patents, P.O. Box 1450, Alexandria, VA
22313-1450

Date: March 1, 2007

FACSIMILE

transmitted by facsimile to the Patent with
and Trademark Office at (571) 273-
8300.

Hillary E. Allan
Signature

Hillary E. Allan
(type or print name of person certifying)

10327376.1

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

MAR - 1 2007

| | | | |
|--|---|------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/521,232 |
| | | Filing Date | August 8, 2005 |
| | | First Named Inventor | Kaplan et al. |
| | | Group Art Unit | 3700 |
| | | Examiner Name | To be assigned. |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number | 740789-056320 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Declaration and Power of Attorney | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Application Data Sheet |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Facsimile Cover Sheet; Certificate of Mailing/Transmission. |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm: <i>or</i> Individual name | NIXON PEABODY LLP |
| Signature |  David S. Resnick (Reg. No. 34,235) |
| Date | March 1, 2007 |

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

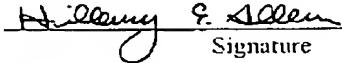
I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

March 1, 2007

Date



Signature

Hillary E. Allan

Typed or printed name

**RECEIVED
CENTRAL FAX CENTER**

MAR - 1 2007
PATENT

Practitioner's Docket No. 740789-056330

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Caldwell, et al. Confirmation No.: 8751
 Application No.: 10/521,232 Group No.: 3700
 Filed: 08/08/2005 Examiner: To be assigned
 For: FLAVONOIDS COMPOUNDS AS THERAPEUTIC ANTIOXIDANTS

| | |
|---|---|
| CERTIFICATE OF FACSIMILE | |
| I hereby certify that this correspondence, on the date shown below, is being faxed to the U.S. PTO General Facsimile No. (571) 273-8300 address to: Commissioner of Patents, Box 1450, Alexandria, VA 22313-1450. | |
| Date: <u>March 1, 2007</u> | <u>Hillary E. Allan</u> Hillary E. Allan |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATUS INQUIRY

1. More than 16 months have passed since the filing of this application on August 8, 2005. No communication has been received from the Patent and Trademark Office indicating action on this application.
2. Kindly advise the undersigned of the present status of this application, by checking the appropriate box on the next page.

Date: 3/1/07



Signature of Practitioner

Customer No.: 50828

David S. Resnick (Reg. No.: 34,235)
 NIXON PEABODY LLP
 100 Summer Street
 Boston, MA 02110-2131
 Tel. No.: 617-345-6057

In re application of:
Application No.:
Filed:
For:

Caldwell, et al.
10/521,232
08/08/2005
FLAVONOIDS COMPOUNDS AS THERAPEUTIC ANTIOXIDANTS

Confirmation No.: 8751
Group No.: 3700
Examiner: To be assigned

Page 2 of 2

STATUS INQUIRY REPLY

APPLICATION NO. 10/521,232 IS CURRENTLY

[] ASSIGNED TO GROUP _____ AND AWAITS:

[] ACTION BY THE EXAMINER.

[] APPLICANT'S RESPONSE TO THE OFFICE ACTION MAILED

10637251.3